PTO/SB/21 (09-04) Approved for use through 07/31/2006. OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

TRANSMITTAL **FORM**

the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/050,231 01/16/2002 Filing Date Donald E. Weder First Named Inventor 1644 Art Unit F.P. Vandervegt **Examiner Name** Attorney Docket Number 6680.036

(to be used for all correspondence after initial filing) Total Number of Pages in This Submission (Check all that apply) **ENCLOSURES** After Allowance Communication to TC Drawing(s) Appeal Communication to Board 1 Fee Transmittal Form of Appeals and Interferences Licensing-related Papers Fee Attached Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Petition \checkmark Amendment/Reply Petition to Convert to a Proprietary Information Provisional Application Power of Attorney, Revocation of POA After Final Status Letter Change of Correspondence Address Other Enclosure(s) (please Identify Affidavits/declaration(s) below): Terminal Disclaimer Extension of Time Request Request for Refund Express Abandonment Request CD, Number of CD(s)_ Information Disclosure Statement Landscape Table on CD Remarks Certified Copy of Priority 1. Transmittal Form (1 page);
2. Fee Transmittal (1 page);
3. Fee Determination Record (1 page);
4. Credit Card Payment Form (1 page);
5. Amendment (13 pages);
6. Information Disclosure Statement (5 pages);
7. Information Disclosure Statement by Applicant (formerly Form 1449) (3 pages); Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts 8. Cited Material;

under 37 CFR 1.52 or 1.53 Oiteu material,
 Petition for Extension of Time (1 page); and SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Dunlap, Codding & Rogers, P.C.; Customer No. 30589 Firm Name Signature Kathryn L. Hester, Ph.D. Printed name Reg. No. 46,768 12-28-09 Date

CERTIFICATE OF TRANSMISSION/MAILING

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Kathryn L. Hester, Ph.D.

Date

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PTO/SB/17 (12-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Under the Par Complete if Known Effective on 12/08/2004. uant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/050,231 **Application Number** FEE TRANSMIT Filing Date 01/16/2002 For FY 2005 Donald E. Weder First Named Inventor **Examiner Name** F.P. Vandervegt Applicant claims small entity status. See 37 CFR 1.27 1644 Art Unit 455 TOTAL AMOUNT OF PAYMENT Attorney Docket No. 6680.036 METHOD OF PAYMENT (check all that apply) Check | Credit Card | Money Order None Other (please identify): Deposit Account Deposit Account Number:_ Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES EXAMINATION FEES **Small Entity** Small Entity Small Entity **Application Type** Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) <u>Fee (\$)</u> Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 130 50 65 Plant 200 100 300 160 150 80 Reissue 300 150 500 600 250 300 Provisional 200 100 O 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims **Total Claims Multiple Dependent Claims Extra Claims** Fee Paid (\$) Fee (\$) 11 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 0 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) _ - 3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). **Extra Sheets** Number of each additional 50 or fraction thereof **Total Sheets** Fee Paid (\$) / 50 = (round up to a whole number) x 0 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 0 Other: IDS Fee - Code No. 1806 180

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| SUBMITTED BY | 0 | | | |
|-------------------|------------|-----------------------------------|--------|------------------------|
| Signature | Minus | Registration No. (Attorney/Agent) | 46,768 | Telephone 405-607-8600 |
| Name (Print/Type) | Kathryn L. | Kathryn L. Hester, Ph.D. | | Date 12-28-04 |

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